

03500.000001



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: W.H. Hamdan
KENJI AIYAMA)
: TC/Art Unit: 2854
Application No.: 10/017,096)
:
Filed: December 13, 2001)
:
For: IMAGE PROCESSING SYSTEM,)
DATA PROCESSING APPARATUS, :
DATA PROCESSING METHOD,)
COMPUTER PROGRAM AND : Date: May 18, 2004

Mail Stop RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Preliminary to continued examination, please further amend the above-identified application as follows, the claim changes begin reflected in the listing that begins at page 2, and the Remarks beginning at page 10:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 18, 2004.

(Date of Deposit)

Leonard P. Diana

(Name of Attorney for Applicant)

May 18, 2004

Signature

Date of Signature



In re Application of:

KENJI AIYAMA

Application No.: 10/017,096

Filed: December 13, 2001

For: IMAGE PROCESSING SYSTEM, DATA
PROCESSING APPARATUS, DATA
PROCESSING METHOD, COMPUTER
PROGRAM AND STORAGE MEDIUM

Docket No. 03500.000001

Examiner: W.H. Hamdan

TC/Art Unit: 2854

Date: May 18, 2004

COMMISSIONER FOR PATENTS

Mail Stop: RCE

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 26	MINUS	** 35	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 5	MINUS	*** 7	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 29, 296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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